

514 West Liberty Street, Suite 106 Louisville, KY 40202-2324 Phone: 502 574-6869

Fax: 502 574-5299 www.rjlouisville.org

Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

Date of Request:3/13/13	(aca Nilimpar - III 3 / 1 / Iuu	
	Case Number:	
Referring Agency: <u>Jefferson County Juvenile Court</u>	Restitution Amount: _Unknown bu	t requesting
Person Referring	Diversion 🛛 Probation 🗌	
Phone Number	Next Court Date: N/A	
Please include any of the applicable items: citation, victim statement, stateme	nt of loss, teacher statement, petition or any other pertine	nt information
Victim Information (use addition	al forms for multiple victims)	
Name: Michael Kelly (Crosby Middle School Prin	cipal)	
Address: <u>Crosby Middle School 303 Gatehouse Ln</u>	, 40203	_
Home Number: _485-8235 Cell Number:Email	Address: michael.kelly@jeffersonkyschoo	ls.us
Male 🔀 Female 🗌	Date of Birth _unknown	
If under age eighteen (18), parent/guardian name and addr	ess:na	
Offender Information (use sepa	rate form for each offender)	
Name: Brianna Marie Coy		
		 uth.net
Address:3030 Kinnaird Ln, 40243	Email Address: _STEANICOY@bellsou	
Address:3030 Kinnaird Ln, 40243 Home Number:609-4806	Email Address: _STEANICOY@bellsou	
Address: 3030 Kinnaird Ln, 40243 Home Number: 609-4806 Cell Number: Male Female If under age eighteen (18), parent/guardian name and address	Email Address: _STEANICOY@bellsou Date of Birth:9/27/98 ess:Stephani Coy at same	
Address: 3030 Kinnaird Ln, 40243 Home Number: 609-4806 Cell Number: Male Female Classification Female Representation for	Email Address: _STEANICOY@bellsoon Date of Birth:9/27/98 ess:Stephani Coy at same ed? Yes No Officer: _Micheal Mu	ulhall